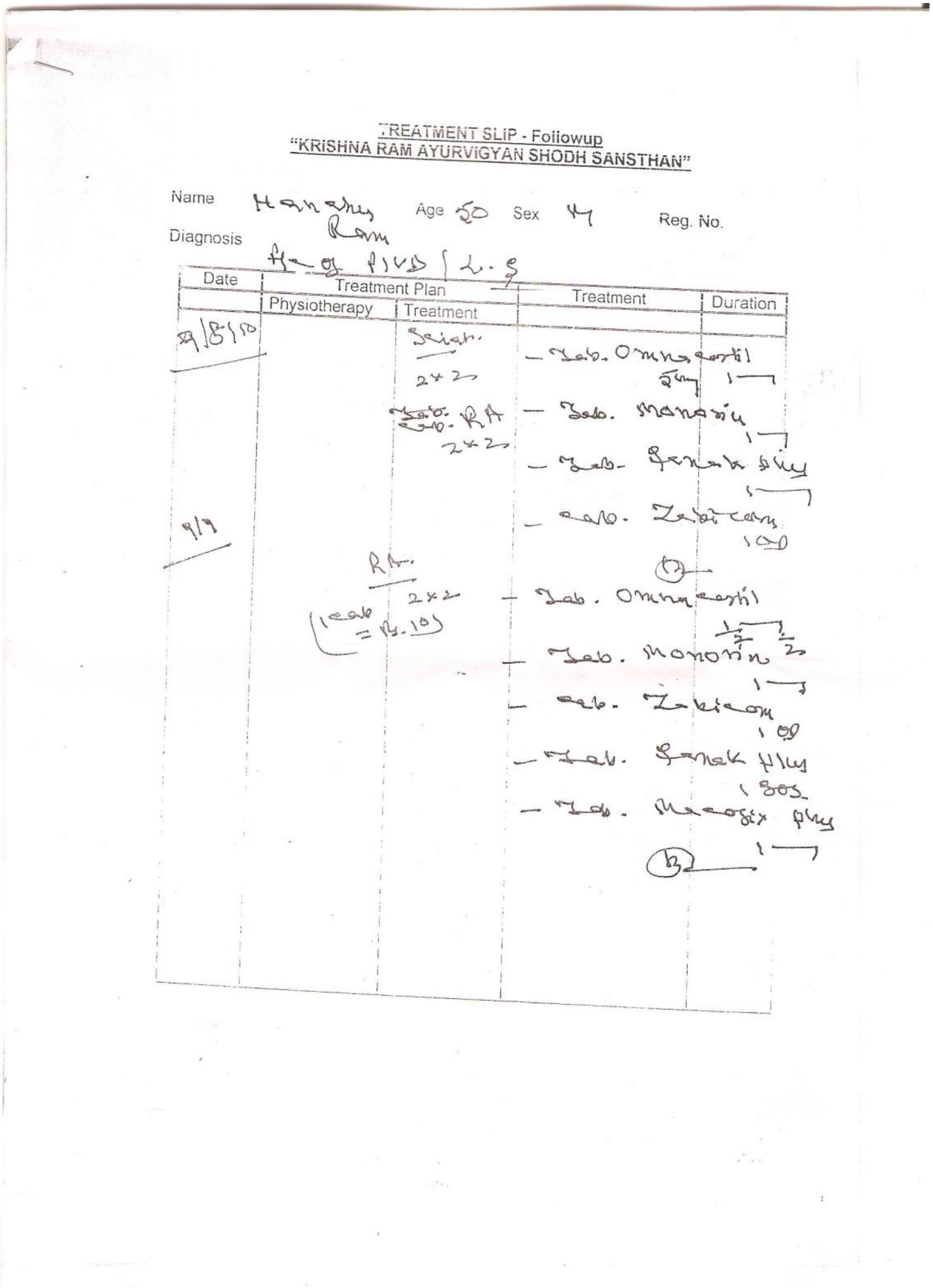
CASE STUDIES

Case 1.



TREATMENT SLIP - Followup
"KRISHNA RAM AYURVIGYAN SHODH SANSTHAN"

Name Hanuman Ram Age 50 Sex M Reg. No.

Diagnosis H/o of PIVD | L.S

Date	Treatment Plan		Treatment	Duration
	Physiotherapy	Treatment		
29/8/10		Sciat. 2×2	– Tab. Omnacortil 5mg 1—	
		Tab. RA 2×2	– Tab. Monarin 1—	
			– Tab. Sanak Plus 1—	
			– Cap. Zaticam 1OD	
9/9		RA 2×2 (1 cap = Rs.10)	(R) – Tab. Omnacortil ½—½	
			– Tab. Monarin 1—	
			– Cap. Zaticam 1OD	
			– Tab. Sanak Plus 1SOS	
			– Tab. Macogix Plus 1—	
			(R)	

TREATMENT SLIP - I

"KRISHNA RAM AYURVIGYAN SHODH SANSTHAN"

Name Hanenu Ram Age 50 Sex Reg. No.

Diagnosis PIVD | Lumbar Spondylitis

Salient features

Reports of patient Originals with parents / Originals in file
Photograph Due / Submitted
POWP Due / Submitted

Details of previous ongoing treatment

Date	Treatment Plan		Treatment	Duration
	Physiotherapy	Treatment		
11/3/10		Swedan 2×2	℞ – Tab. Zabitam 1 0 1 – Tab. Sanak Plus 1 – 1 × 1 month	
11/5/10		Swedan 2×2	Rpt. Same × 1 M	
10/6/10		Swedan 2×2	– Tab. Zabicam 1 0 1 – Tab. Arthogen-P 1 0 1 – Inj. A [illegible] capsules	

10/7/10 – Swedan 2×2 – Physiotherapy – Hot fomentation – Tab. Zabicam 1 0 1 Tab. Sanak Plus 1 – 1

give VTV after 2 month

<u>SCIATICA (LUMBER DISC PROLAPSE) INVENTORY</u>

AAY CENTRE (Allopathy-Ayurveda-Yoga Centre)

File No.

Date/Time 11/4/10

Name Hanuman Ram Age 20 Sex [M/F] M

Address Radha Swami Religion Bagh (Todawato Ki Dhani) Shomu Ward no 19 Occupation

Phone No(s) 9314654244

Diagnosis :

Complaints :

1. Radiating pain lower limb Rt. / Lt ✓ ✓ 1 yrs days.
2. Low backache 3 yrs days.
3.
4. Burning feet Bl.

Past/Present illnesses/injuries/operations:

CVS :

Hypertension:

Respiratory Problem NIL

Diabetes Bl. Sugar (R) 81

Chronic GI Disorder NIL

CNS NAD

Any other specify ds

Medication

1

SCIATICA (LUMBER DISC PROLAPSE) INVENTORY

Physical Examination

Wt. (Kg.) 65 Kg

B.P. 130/80.

Respiration (/mt)

Pulse rate (/mt)

Examination

Movement Range

	11/4/10	11/5/10	9/8/10	9/9/10
Touch to toe	(N)	(N)	N	N
SLR - Rt	90°	90°	N	(N)
SLR - Lt	90°	90°	N	(N)
Sitting in squatting position	+ 5 Mts		(N)	(N)

Walking — Burning Toe. — 100 Mt — with pain. — 1 Km. No Burning Toe.

Cycling

Up Stairing — unable — Better

Down Stair — painful — Better.

KAY DIAGNOSTIC RESEARCH CENTRE PVT. LTD.

4, VIVEKANAND MARG, C-SCHEME, OPP. S.M.S. HOSPITAL, JAIPUR
PHONE : 2366494, 2367099, 9929597880

NAME	NANCHU RAM	AGE	43Yrs.	SEX M
DATE	April 15, 2009	ID.NO.	2979	
REF. BY	DR. A.S. CHAUHAN			

MAGNETIC RESONANCE IMAGING (M.R.I) REPORT
(1.5 TESLA MRI SYSTEM)

M.R.I SCAN OF LUMBO-SACRAL SPINE:

MR imaging of lumbar spine was performed using spin echo and fast spin echo techniques. Serial sections were obtained in saggital and axial planes using dedicated quadrature lumbar spine coil.

The vertebral bodies are normal in size, shape, height and signal intensity. Mild end plate degenerative changes are seen in L4 to S1 vertebral bodies.

L5-S1 disc height is reduced.

L4-5 and L5-S1 discs are hypointense on T2 weighted images suggesting them to be degenerated and dehydrated.

Spinal canal dimension are as follows:

LEVELS	A.P.	T.D.	CROSS SECTIONAL AREA
T12-L1	1.40cm	2.10cm	2.94sq.cm
L1-2	1.30cm	2.30cm	2.99sq.cm
L2-3	1.10cm	2.10cm	2.31sq.cm
L3	1.20cm	2.10cm	2.52sq.cm
L3-4	1.20cm	2.00cm	2.40sq.cm
L4	1.20cm	2.30cm	2.76sq.cm
L4-5	1.00cm	2.00cm	2.00sq.cm
L5	1.20cm	2.10cm	2.52sq.cm
L5-S1	0.70cm	1.50cm	1.05sq.cm

(Lumbar canal stenosis is characterized by narrowing of central canal area <1.5sq.cm or A.P. diameter < 11.5mm.)

At L5-S1 diffuse circumferential bulging and posterocentral protrusion of disc with caudal extension causes mild compression on thecal sac and moderate narrowing of bilateral neural foraminas.

Conus medullaris is normal. No intra-spinal mass is seen.

No pre or para vertebral collection seen. Facet joints are normal.

OPINION:

- MODERATE NARROWING OF BILATERAL NEURAL FORAMINA AT L5-S1.

DR. TRIPTI SHAH
MD (RADIODIAGNOSIS)

DR. VIVEK BHARGAVA
MD (MEDICINE)
MD (RADIODIAGNOSIS)

Case 2.

TREATMENT SLIP - I

"KRISHNA RAM AYURVIGYAN SHODH SANSTHAN"

Name Krishna Sn Age 39 Sex F Reg. No.

Diagnosis PIVD

Salient features

Reports of patient Originals with parents / Originals in file
Photograph Due / Submitted
POWP Due / Submitted

Details of previous ongoing treatment

Date	Treatment Plan		Treatment	Duration
	Physiotherapy	Treatment		
20/12	Rs. 2100/-	[illegible] Sunit 2×2	– Tab. Senak plus 1—1 – Tab. Beaozyme c̄ Sunt 1—1	
2/8/11		Rom. Sam		

SCIATICA (LUMBER DISC PROLAPSE) INVENTORY

AAY CENTRE (Allopathy-Ayurveda-Yoga Centre)

File No. Date/Time

Name रचना शर्मा Age 39 Sex [M/F]

Address गिण्डों का रास्ता चौलावत भवन Religion Occupation

Phone No(s) 9828803088

Diagnosis :

Complaints : → 5-7 days

1. Radiating pain lower limb Rt. / Lt ____________ days.
2. Low backache → 20 yrs ____________ days.
3.
4.

Past/Present illnesses/injuries/operations:

CVS :

Hypertension: ~~H~~

Respiratory Problem NAD

Diabetes NAD

Chronic GI Disorder NAD

CNS NAD

Any other specify ds —

Medication —

SCIATICA (LUMBER DISC PROLAPSE) INVENTORY

Physical Examination

Wt. (Kg.) 65kg

Respiration (/mt)

B.P. 130/110 20/12/10 130/90

Pulse rate (/mt)

Examination

Movement Range

	30/12/10	1/3/11	3/5/11	2/8
Touch to toe	6"	2"	(N)	N
SLR - Rt	60°	80°	80°	80°
SLR Lt	30°	60°	80°	80°
Sitting in squatting position	Difficulty in standing after sitting.	improved	(N)	N

Walking 200 mtr. 1 km. 2 km 2 km

Cycling

Up Stairing Painful ↓ (N) (N)

Down Stair Painful. ↓ (N) (N)

OKAY DIAGNOSTIC RESEARCH CENTRE PVT. LTD.

4, VIVEKANAND MARG, C-SCHEME, OPP. S.M.S. HOSPITAL, JAIPUR
PHONE : 2366494, 2367099, 9929597880

NAME	RACHANA	AGE	35YRS	SEX	F
DATE	October 29, 2010	ID.NO.	43014		
REF. BY	DR. SUNIL GUPTA				

MAGNETIC RESONANCE IMAGING (M.R.I) REPORT
(1.5 TESLA MRI SYSTEM)

M.R.I SCAN OF LUMBO-SACRAL SPINE:

MR imaging of lumbar spine was performed using spin echo and fast spin echo techniques. Serial sections were obtained in saggital and axial planes using dedicated quadrature lumbar spine coil.

Mild degenerative changes are seen in lumbar spine showing marginal osteophytes.

The vertebral bodies are normal in height and signal intensity.

L3-4, L4-5 and L5-S1 discs are hypointense on T2 weighted images suggesting them to be degenerated and dehydrated. Posterior annular tears are present in L4-5 and L5-S1.

Spinal canal dimension are as follows:

LEVELS AREA	A.P.	T.D.	CROSS SECTIONAL AREA
T12-L1	1.20 cm	1.90 cm	2.28 sq.cm
L1-2	1.20 cm	1.90 cm	2.28 sq.cm
L2-3	1.10 cm	1.70 cm	1.87 sq.cm
L3	1.20 cm	1.70 cm	2.04 sq.cm
L3-4	0.90 cm	1.40 cm	1.26 sq.cm
L4	1.10 cm	1.70 cm	1.87 sq.cm
L4-5	0.90 cm	1.40 cm	1.26 sq.cm
L5	1.10 cm	1.50 cm	1.65 sq.cm
L5-S1	0.90 cm	1.30 cm	1.17 sq.cm

(Lumbar canal stenosis is characterized by narrowing of central canal area <1.5sq.cm or A.P. diameter < 11.5mm.)

Diffuse disc bulge with mild central disc protrusion seen at L4-5 and L5-S1 causing mild narrowing of bilateral neural foramina. Thecal sac is relatively normal.

Mild ligamentum flavum hypertrophy is seen at L4-5.

Conus medullaris is normal. No intra-spinal mass is seen.
No pre or para vertebral collection seen. Facet joints are normal.

OPINION:

- DIFFUSE DISC BULGE WITH MILD CENTRAL DISC PROTRUSION SEEN AT L4-5 AND L5-S1 CAUSING MILD NARROWING OF BILATERAL NEURAL FORAMINA.
- POSTERIOR ANNULAR TEARS IN AT L4-5 AND L5-S1 DISCS.

DR. PRADEEP KUMAR GOYAL
MD (RADIODIAGNOSIS)
(AIIMS)

DR. VIVEK BHARGAVA
MD (MEDICINE)
MD (RADIODIAGNOSIS)